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CONFIRMATION NO. 4484

<b>SERIAL NUMBER</b> 10/539,577	<b>FILING OR 371(c) DATE</b> 12/14/2005 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> Q88613
<b>APPLICANTS</b> Pascal Denolly, Jardin, FRANCE;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/FR03/03854 12/19/2003 YES QNV				
<b>** FOREIGN APPLICATIONS *****</b> FRANCE 02/16432 12/20/2002 YES QNV				
** SMALL ENTITY **				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>Allowance</u> Acknowledged <u>Examiner's Signature</u> <u>QNV</u> Initials		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 11
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 23373				
<b>TITLE</b> Distribution device for a supply network for supply of medical fluids to a patient				
<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	